

Effective January 1, 2003

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 0            |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 0 minus 20 = | *                        |
| INDEPENDENT CLAIMS               | 3 minus 3 =  | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

SMALL ENTITY  
TYPE ☐

OF

## OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     | 750    |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | *     | Minus                              | **                       |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

**SMALL ENTITY**

OF

**OTHER THAN  
SMALL ENTITY**

|                     |                |    |                     |                |
|---------------------|----------------|----|---------------------|----------------|
| RATE                | ADDITIONAL FEE | OR | RATE                | ADDITIONAL FEE |
| X\$ 9=              |                | OR | X\$18=              |                |
| X42=                |                | OR | X84=                |                |
| +140=               |                | OR | +280=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

|                    |   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |
|--------------------|---|---|-------|---|------------------|
| <b>AMENDMENT B</b> |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|                    | Total   | *   | Minus | **  | =                |
|                    | Independent   | *   | Minus | ***   | =                |
|                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

| RATE               | ADDITIONAL FEE |    | RATE               | ADDITIONAL FEE |
|--------------------|----------------|----|--------------------|----------------|
| X\$ 9=             |                | OR | X\$18=             |                |
| X42=               |                | OR | X84=               |                |
| +140=              |                | OR | +280=              |                |
| TOTAL<br>ADDIT FEE |                | OR | TOTAL<br>ADDIT FEE |                |

| AMENDMENT C                                    | (Column 1)                                |       | (Column 2)                                  | (Column 3)               |
|--|---|-------|---|--------------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
| Total  | *   | Minus | **  | =                        |
| Independent                                    | *   | Minus | ***   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

|                     |                |    |                     |                |
|---------------------|----------------|----|---------------------|----------------|
| RATE                | ADDITIONAL FEE |    | RATE                | ADDITIONAL FEE |
| X\$ 9=              |                | OR | X\$18=              |                |
| X42=                |                | OR | X84=                |                |
| +140=               |                | OR | +280=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.